

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000004652

1. Entity Name
CAM ASSOCIATES, L.L.C.



Principal Place of Business
**811 NE MORNINGSIDE DRIVE
BOCA RATON, FL 33487**

Mailing Address
**811 NE MORNINGSIDE DRIVE
BOCA RATON, FL 33487**



01172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0934351

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANNUNZIATA, JAMES G
811 NE MORNINGSIDE DRIVE
BOCA RATON, FL 33487**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PERRY, ROB
4617 W.LAMB AVENUE
TAMPA, FL 33629**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
J&L SALES AGENCY, INC.
811 N.E. MORNINGSIDE DRIVE
BOCA RATON, FL 33487**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BRIAN MOCK INC.
333 LAKE BRITTANY COURT
HEATHROW, FL 32746**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000809050
02/08/08-80007-010 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/28/08

Date

561-241-8797

Daytime Phone #